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ABSTRACT

A response to a requirement that Iowa public schools provide special education for all handicapped children in grades kindergarten through eight, the booklet provides explanatory material on the incidence, identification, and nature of handicapping conditions as well as program and personnel needs. Conditions covered are those of the hearing handicapped, mentally retarded, orthopedically handicapped and other special health problems, specific learning disabilities, speech handicapped, visually handicapped, and emotionally disturbed. A brief overview of each problem is provided to offer the administrator a general understanding of the educational problem and indications of how solutions may be approached. The roles of guidance counselor, school psychologist, school nurse, remedial reading consultant, and social worker in the education of handicapped children are discussed. (GW)

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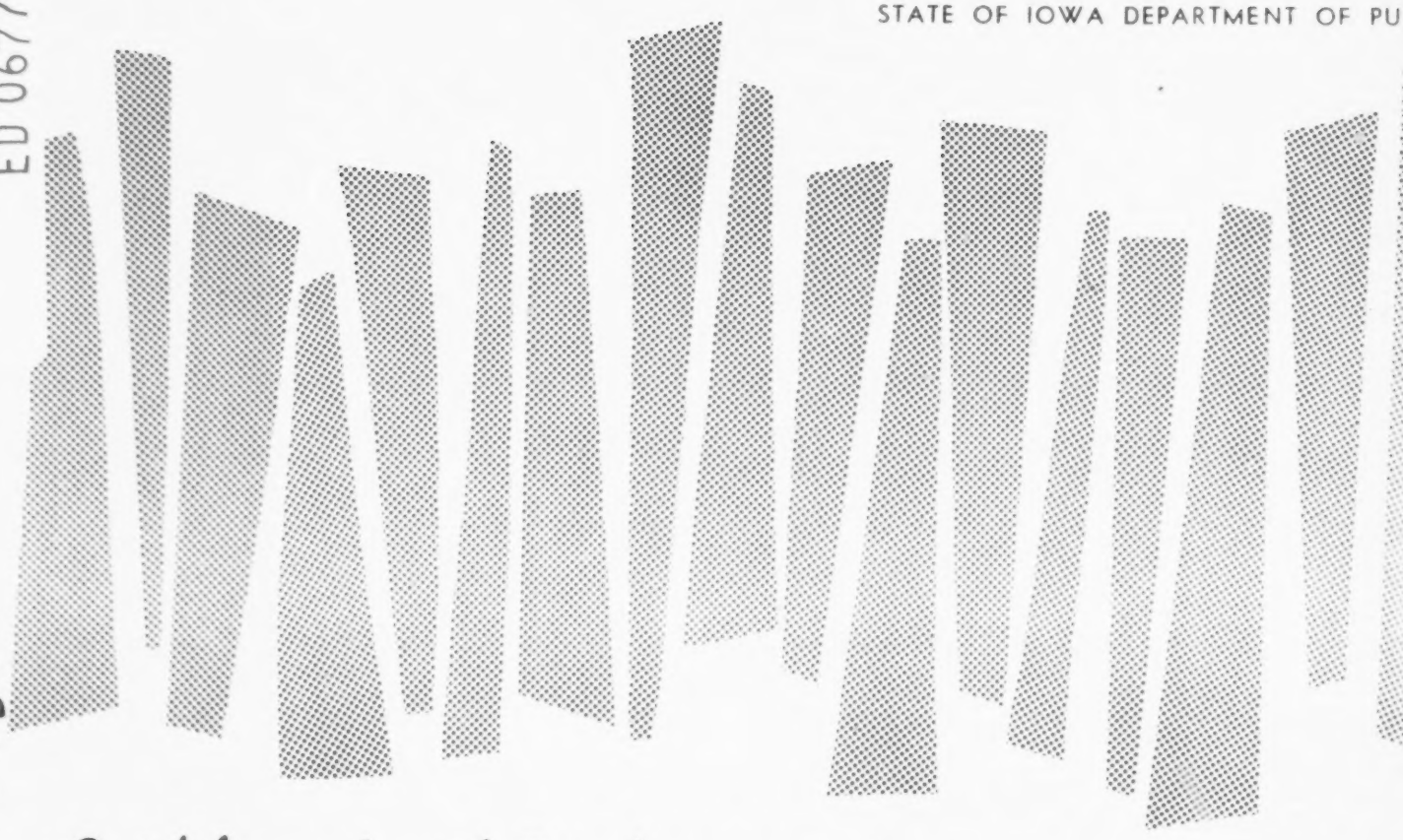

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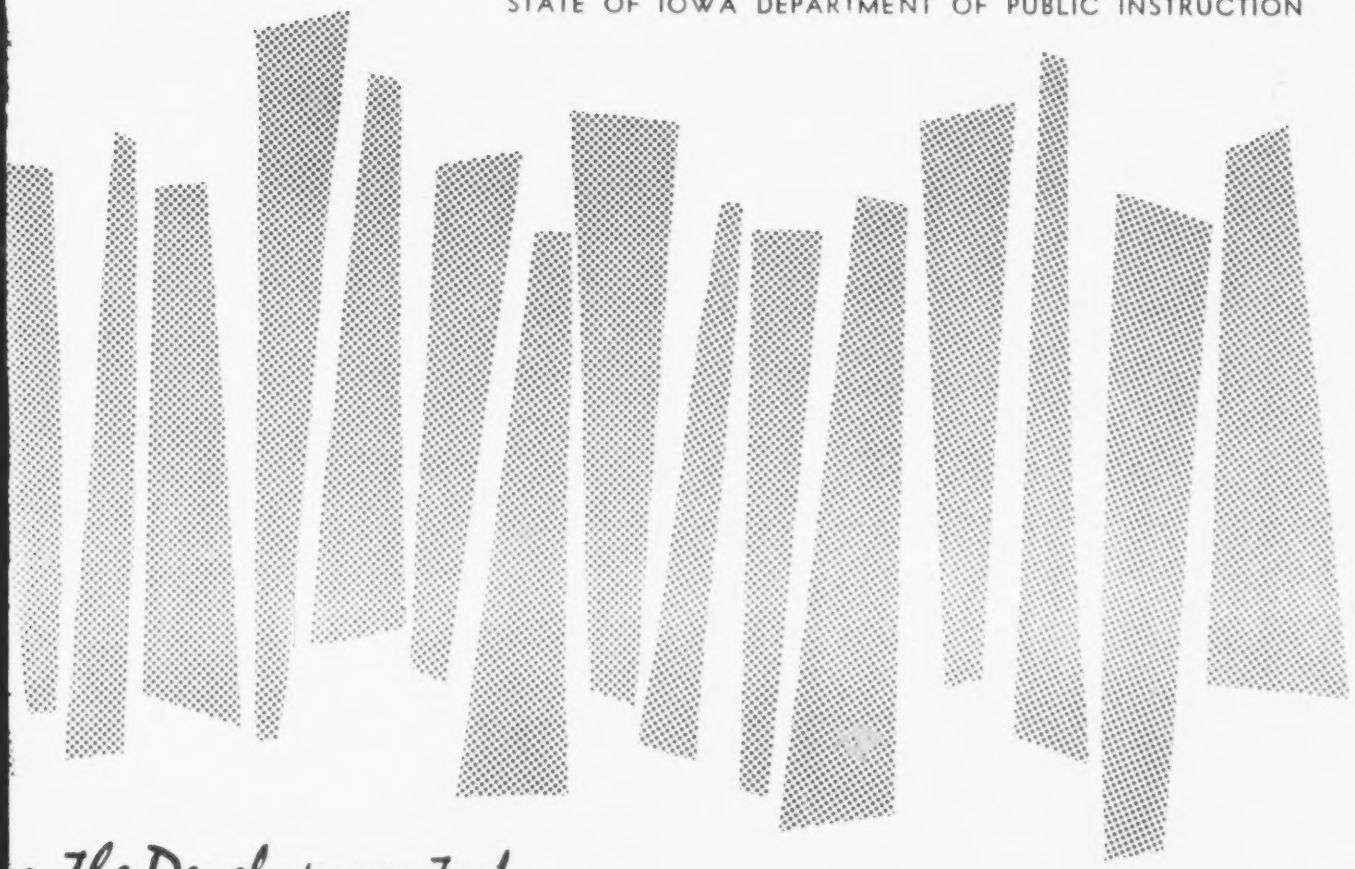

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Foreword

This document has been prepared to assist school administrators in planning for and carrying out their responsibilities to handicapped children as required by Senate File 409, 63rd General Assembly. It is an effort to provide an overview of special services and programs designed to meet the educational needs of handicapped children of preschool, elementary, and secondary school age.

In view of the requirement that schools must make "provision for special education services and programs," certain information must be obtained from school districts to determine compliance. Every effort will be made to avoid duplication in the collection of this information. Data presently collected by the Department of Public Instruction will be used in follow-up reports regarding the mandate. Schools should be aware, however, that a review of the handicapped children identified and handicapped children served will necessarily be made in each school district.

Administrative responsibility for providing the required services and programs rests with the individual school district. However most district superintendents will have access to the services of a director of special education and other specialists in the education of handicapped children. Effective use of such personnel will greatly assist in the planning, initiation or expansion of required programs of special education.

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5 A

Intro

A decision of the 63rd General Assembly requires Iowa schools to provide special education for all handicapped children in grades kindergarten through eight in Iowa's public schools. Information on this requirement was distributed June 9, 1969 to all local and county superintendents and to all directors of Special Education. (Appendix A.)

Along with provisions of Section 257.25, subsection 8, paragraph C, of the Code of Iowa, this regulation mandates special education provisions for all handicapped children in grades kindergarten through 12 who are or otherwise would be, enrolled in Iowa's public schools.

This booklet provides explanatory material on the incidence, nature, program needs, and personnel needs involved in serving children having the various handicapping conditions. It deals with the following conditions covered in the legislation:

- hearing handicapped
- mentally retarded
- orthopedically handicapped and other special health problems
- specific learning disabilities
- speech handicapped
- visually handicapped
- emotionally disturbed

Rules of Special Education: II, published by the Special Education Division, contains approval requirements for programming for handicapped children, and should be used as a basic reference in establishing and implementing special education programs.

During the school year 1969-1970, each school district should plan to conduct a comprehensive survey in kindergarten through grade six or eight* to identify the number of handicapped children who need special education services. School districts having the services of a director of special education can expect his assistance in developing and conducting this survey. In many cases, the director will have already completed the survey and have made recommendations and projections for the educational needs of handicapped children. It is suggested that school districts which do not have the services of a director of special education should, in the interim, assign this specific task to an administrative staff member. However, before more than rough screening procedures can be conducted, full- or part-time professional personnel, such as school psychologists or speech clinicians, should be obtained to identify handicapped children.

Much initial information needed is probably available in the pupil's cumulative folders and school records. This information should be available as a result of compliance with the *School Standards*, 3.5 (10) Programs of Testing and Evaluation, and 3.5 (11) Evaluation of Education Programs.

All school districts in Iowa should have systematic group testing programs for intellectual ability and achievement. Those children having learning problems because of low intellectual ability and those who are underachieving can be identified with some accuracy. A comprehensive search through the files will also help to identify the children evalu
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2. Counselor
3. Building principal
4. County school systen

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1. Physician
2. Public health nurse
3. Parents
4. Local health and servi

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All school districts in Iowa should have systematic group testing programs for intellectual ability and achievement. Those children having learning problems because of low intellectual ability and those who are underachieving can be identified with some accuracy. A comprehensive search through the files will also help to identify the children evaluated for speech and hearing problems, and whether or not they are presently in need of or receiving such services.

Early identification and treatment of handicapped children may prevent the educational problem from becoming severe. The early identification should be the subject of an inservice program for all faculty members. In these sessions, teachers can be instructed in observational techniques, indicators of the presence of different handicapping conditions, and the referral procedure to follow in contacting appropriate special personnel. The majority of Iowa school districts have the services of a speech clinician, school psychologist, and school nurse, who can act as resource personnel for such inservice programs.

Within each school district and within each community there are usually numerous other professional personnel available to help with the survey. Some of those who may be of assistance are listed below:

School Personnel

1. Classroom teacher
2. Counselor
3. Building principal
4. County school system staff

Community Personnel

1. Physician
2. Public health nurse
3. Parents
4. Local health and service agencies

*School districts were previously required to survey and implement programs for handicapped children at the junior and senior high school level based upon prior legislation.

Following referral of children to the appropriate professional personnel for evaluation, the presence of a handicap must be certified as a prerequisite for eligibility and approval of a special education program. At the time the professional certifies this handicapping condition, educational recommendations also should be made. When the administrator has the educational recommendations concerning each handicapped child identified, a compilation of this data can be used to determine the types of programs necessary to provide appropriate educational programs for all. Handicapped children may require diverse educational programs, including special transportation, special class placement, regular class placement with the availability of a resource teacher, and many others.

To help the administrator project the number of handicapped children, Appendix B contains estimated incidence percentages for different handicapping conditions. The number of children projected to be handicapped in each Iowa county, according to the 1968 school census ages 5-21, is also contained in Appendix B. The administrator may find the projected number by category for his school district by using incidence percentages.

Section II is a general outline of different handicapping conditions that may be found in each school population. The outline is divided into topics to help the administrator in planning for a special education survey, program, and personnel needs. The topics are

- **Incidence projection**
- **Description of handicapping condition**
- **Educational problems imposed by the handicap**
- **Identification process**
- **Personnel needed to identify handicapping conditions**
- **Educational programs**
- **Program personnel**
- **Inservice training needs**

In reviewing the information contained in Section II, the administrator should realize that only an overview is provided. Literally hundreds of volumes have been written on these handicapping conditions and methods of serving such children in an educational setting. At most, the administrator should expect to obtain a general understanding of the educational problem and an indication of how some solutions to it may be approached. However, as the administrator works with other professionals in developing programs to serve handicapped children, an understanding is necessary if services are to become part of the total educational program.

A selected bibliography on special education is included in Appendix C to provide additional references that the administrator might use to become more familiar with each handicapping condition. Appendix D is a one-page composite of Section II. It has been designed to give the administrator a summary of handicapping conditions and programs.

Many handicapping conditions require an educational approach other than a self-contained class. Resource room and itinerant teacher programs are two of these approaches. They are designed to offer individual and small group supportive services to pupils for a limited time period each d
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Many handicapping conditions require an educational approach other than a self-contained class. Resource room and itinerant teacher programs are two of these approaches. They are designed to offer individual and small group supportive services to pupils for a limited time period each day or week throughout the school year. Many handicapped children are able to function in the regular classroom during a majority of the school day and need only special help for a brief session each day. With this type of program, the special teacher supports the regular teacher by obtaining special materials to be used in the class and by reinforcing the learning experiences provided in the regular classroom. The difference between the resource room and itinerant teacher program is principally that the resource room is located in one building while the itinerant teacher will serve several buildings or school districts on a definite schedule. Many children with emotional problems or specific learning disabilities may benefit from either type of program.

Because of the vast scope of programs that must be established, the availability of personnel to conduct special education programs for all handicapped children will be at a minimum. The administrator should look at his own faculty and encourage outstanding teachers to enter the special education field. There may be many teachers who would be willing to become qualified to teach handicapped children if they were encouraged to further their education and were given financial help.

Colleges and universities in our immediate geographical area offering approved teacher-training programs in each special field are listed in Appendix E.

Hearing Ha

Incidence Projection

Audiometric surveys of school children have indicated 2 - 15 per cent may be expected to have some degree of hearing loss. For planning purposes, it is recommended that 2 per cent of school age children be considered as needing special hearing conservation services other than periodic evaluation.

Description

Hearing losses vary in severity, in range of different sounds which can be heard, and in time of a child's development when they were acquired. Generally, if the loss exists in the range of sounds responsible for reception of speech, the earlier in life in which it was incurred the more severe will be the lack of language development and the educational handicap.

One way of classifying severity of hearing loss is as follows.

Hard of Hearing

- *Mild loss (20-30db)* in the better ear in the speech range. Usually not educationally handicapping.
- *Marginal loss (30-40db)* in the better ear in the speech range. Usually educationally handicapping when supportive special education services in developing speech skills and language are not provided.
- *Moderate loss (40-60db)* in the better ear in the speech range. Contributes to severe educational handicap in the regular classroom. In addition to special education services, special education in curriculum subjects should be provided.
- *Severe loss (60-75db)* in the better ear in the speech range. Language and speech will not develop spontaneously. Communication must be taught through specialized techniques. Consider for placement in oral class for the deaf.
- *Profound loss (greater than 75db)* in the better ear in the speech range. Cannot learn to understand language by ear alone, even with amplification. Consider for placement in facility for the deaf.

Three distinct groups of hearing-handicapped students are defined.

Hard-of-hearing pupils are those in whom the sense of hearing, although defective, is functional with or without a hearing aid, but whose hearing loss causes a communication problem rendering them unable to make full use of the regular school experience without special education. Hard-of-hearing pupils are classified in two groups for special education consideration. The first group consists of pupils who do not exhibit language deficit as result of their hearing loss and who benefit from programs which include such services as hearing conservation, amp reading, etc. Such classrooms for inst areas.

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The second group of hard-of-hearing pupils consists of those who exhibit language deficit. Such pupils may be enrolled in regular school classrooms; attend resource classrooms for the hearing handicapped for a portion of the school day and the regular classroom for the remainder of the day; or, depending upon the severity of handicap, be enrolled full time in special classes for the hearing handicapped.

Deaf pupils are defined as those in whom residual hearing is not sufficient, even with a hearing aid, to develop language and communication skills upon which their education depends, unless specialized instruction is provided. Deaf pupils should be enrolled in special class facilities for the deaf. These facilities may be in the form of day classes contained in regular schools or in residential institutions specializing in the teaching of the deaf.

Educational Problem

The problems of the hearing-handicapped child in the regular classroom are many. It follows that if the child cannot hear what is going on in the classroom he is not going to do well academically. The hard-of-hearing child will have trouble in all curriculum areas if proper resources and services are unavailable.

Identification Process

Hard-of-hearing pupils can be identified by using audiometric screening techniques. Pupils failing the screening criteria are then given a puretone audiometric test which yields an audiogram or chart describing the severity of a hearing loss in decibels (db) for each major frequency (sound) which comprises the range responsible for the reception of speech. All school-age children should be given an annual audiometric evaluation to determine the type of hearing-conservation services needed.

Personnel Needed to Identify Condition

Hearing clinicians are charged with the responsibility of identifying hearing-handicapped pupils. They have the professional competency necessary to determine the degree of educational handicap caused by a hearing loss. In Iowa, a hearing clinician must hold a master's degree or equivalent in audiology from an institution approved by the Branch of Professional Education and Teacher Certification in the Department of Public Instruction.

Administrators may require the hearing clinician to hold the Certificate of Clinical Competence in Audiology issued by the American Speech and Hearing Association. To be eligible for this certificate the clinician must have a master's degree, one year of supervised paid professional experience, and have passed the national professional examination in audiology.

Educational Programs

Programs for the hearing handicapped fall into two general classifications: service programs and instructional programs.

Service Programs

Hearing conservation programs provide for hearing tests for the school population as a means of discovering pupils with hearing loss; medical follow-up services for pupils discovered to have medically significant hearing loss; educational follow-up services which include speech skills and language development sessions with hearing-handicapped pupils; and consultation with school administrators, teachers, parents, and others as may be necessary in planning activities designed to overcome the hearing handicap as a problem for a pupil in achieving educational objectives set by the school.

Special transportation programs provide transportation to and from a public school facility offering a special program if regular school bus transportation is not available at that time.

Special equipment programs offer learning aids, such as a desktop amplifier, which are necessary for the pupil's acquisition of instruction through use of his residual hearing or special materials not readily available in the school.

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Special equipment programs offer learning aids, such as a desktop amplifier, which are necessary for the pupil's acquisition of instruction through use of his residual hearing or special materials not readily available in the school.

Instructional Programs

The following types of educational programs may be provided for hearing-handicapped children.

- day class programs on preschool, elementary, or secondary level
- resource classroom programs and itinerant teacher programs on elementary or secondary level
- tutorial programs on an individual pupil basis

Special class programs for hard-of-hearing pupils are to be separate from those for deaf pupils. Specialized services for hard-of-hearing pupils must emphasize development and use of communication skills and language, while classes and specialized instruction and services for deaf pupils emphasize language development and curriculum subject matter appropriate to each pupil's grade level. Special education programs and services for all hearing-handicapped pupils should be provided with appropriate equipment and educational materials,such as equipment capable of providing the type and the level of amplification needed, pertinent visual aids and auditory habilitation materials, audiometers, etc.

Program Personnel

Hearing clinicians are professionally competent to manage a hearing conservation program. Services of other specialists such as school psychologists, nurses, and speech clinicians may be utilized as needed. An adequate hearing conservation program requires one hearing clinician for every 5,000 pupils in the general school

population. Accordingly, this program can be effectively operated on a school district, county, joint county, or regional basis.

In instructional programs for the hard-of-hearing, certificated teachers with training in deaf education are utilized to help hearing-handicapped students acquire grade level educational achievements required by the school.

Inservice Training Needs

Teachers and administrators should be aware of the educational problems imposed by a hearing handicap and how they can assist in early identification and in making reasonable modifications of the regular instructional program so that hearing-handicapped children can be served as much as possible in the regular program.

Mentally R

Incidence Projection

Information concerning the number of mentally retarded children of school age is of prime importance to school administrators and directors of special education responsible for planning programs for the mentally retarded. The projected incidence of mental retardation in the school-age population used by the Division of Special Education is 2.33 per cent. This estimate is divided by level of retardation to include 2 per cent at the educable level and 0.33 per cent at the trainable level. Incidence figures may not be applicable to all school districts or all areas because of such variables as the influence of existing care, treatment, and habilitation programs, and influence of the socio-economic level of the district or area.

Description

The term mental retardation incorporates all meanings that have been given to such concepts as mental subnormality, mental handicap, feeblemindedness, and mental retardation. The Division of Special Education accepts the definition of the American Association on Mental Deficiency which states that "mental retardation refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior." It is important to note that all three criteria, (1) subaverage general intellectual functioning, (2) originating during the developmental period, and (3) impairment in adaptive behavior, must be present before a child can be considered to be mentally retarded. Impairment in adaptive behavior for the mentally retarded in the public schools will be reflected by an inability to profit from the regular instructional program.

Public school programs for the mentally retarded serve the educable and trainable mentally retarded. The educable mentally retarded are generally pupils who score between 50-55 and 79 on an individual test of intellectual ability. The trainable mentally retarded are generally those pupils who score between 30 and 50-55 on an individual test of intellectual ability.

Educational Problem

Educable mentally retarded pupils are unable to profit from the total regular educational program but have the potential to develop minimum educability in the traditional academic areas and have the capacity for social and vocational adjustment to a point where they can live independently in society as adults. Because of the similarity in physical and motor development between normal and EMR pupils, low intellectual achievement may be the only indication of mental retardation at the educable level.

Trainable mentally retarded pupils are unable to profit from the program of the classes of the educable mentally retarded. However, these pupils have the potential for learning self-care, learning to adjust to the home and neighborhood, and learning economic usefulness in the home or sheltered employment.

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adaptive behavior, must be present before a child can be considered to be mentally retarded. Impairment in adaptive behavior for the mentally retarded in the public schools will be reflected by an inability to profit from the regular instructional program.

Public school programs for the mentally retarded serve the educable and trainable mentally retarded. The educable mentally retarded are generally pupils who score between 50-55 and 79 on an individual test of intellectual ability. The trainable mentally retarded are generally those pupils who score between 30 and 50-55 on an individual test of intellectual ability.

Educational Problem

Educable mentally retarded pupils are unable to profit from the total regular educational program but have the potential to develop minimum educability in the traditional academic areas and have the capacity for social and vocational adjustment to a point where they can live independently in society as adults. Because of the similarity in physical and motor development between normal and EMR pupils, low intellectual achievement may be the only indication of mental retardation at the educable level.

Trainable mentally retarded pupils are unable to profit from the program of the classes of the educable mentally retarded. However, these pupils have the potential for learning self-care, learning to adjust to the home and neighborhood, and learning economic usefulness in the home or sheltered employment.

Identification Process

Early identification of mentally retarded pupils requires effective communication between the regular class teacher, building principal, and school psychologist. The purpose is to identify as early as possible children who demonstrate poor school performance and who have learning difficulties. Teachers and administrators should not diagnose mental retardation, but rather, involve the school psychologist who has the appropriate training for making such a determination.

Not all children who are educable mentally retarded will be referred by teachers. This may be due to the lack of clearly defined referral procedures or the inability of many teachers to recognize mentally retarded pupils. Therefore, a screening procedure to complement teacher referrals is necessary. Methods of screening may include the use of group intelligence tests, group achievement tests, or teacher ratings of academic performance to identify pupils who should be evaluated further. Pupils identified by screening methods are then formally evaluated by a school psychologist.

Diagnosis of mental retardation should include, in addition to an evaluation of intellectual ability, a study of cultural background, social-emotional adjustment, academic achievement, medical history, and auditory and visual acuity to insure that a cause otherthan mental retardation is not responsible for reduced intellectual functioning and impairment in adaptive behavior.

Personnel Needed to Identify Condition

School psychologists or other approved psychologists are the only professionals authorized to make the diagnosis of mental retardation. In addition to the school psychologist, the diagnostic process should include the teachers, supervisor or administrator, school health nurse, physician, school social worker, school counselor, and other professionals having relevant information concerning a child.

Educational Programs

Educational programs for the educable mentally retarded are provided in part through the use of self-contained classrooms staffed with specially trained teachers. The instructional program should emphasize the learning of basic skills through application of learnings to life situations that the pupils experience. To meet the needs of pupils, integrated experiences in areas such as art, music, physical education, industrial arts, homemaking, personal typing, chorus, printing, driver education, etc., should be provided. Integrated experiences are most successful when the abilities, interests, and needs of pupils are considered on an individual basis with experiences provided accordingly. As pupils near the completion of their educational program, opportunities to apply the vocational, social, and academic skills should be available through sheltered to competitive employment experiences.

Programs for the trainable mentally retarded are self-contained and emphasize the acquisition of social, academic, enrichment, and vocational skills appropriate to each pupil. As the trainable pupil matures, vocational training should be made available through the use of sheltered and semi-competitive employment experiences.

Program Personnel

Personnel needed to conduct programs for the mentally retarded are teachers who have completed teacher preparation programs in mental retardation authorizing them for endorsement 35 (special education) approval 81 (mental retardation). The preparation is the same for teachers of the trainable and educable mentally retarded. Teachers providing services in art, music, homemaking, etc., do not need a special endorsement unless they are employed in a full-time capacity to serve only the mentally retarded.

Inservice Training Needs

Inservice training is needed for administrators who sponsor and supervise programs for the mentally retarded and fo
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Inservice Training Needs

Inservice training is needed for administrators who sponsor and supervise programs for the mentally retarded and for regularly prepared teachers who provide instructional services to the mentally retarded. All teachers should be knowledgeable about the nature of mental retardation and the purposes of programs for the mentally retarded so that, if asked, they will be able to provide accurate interpretation to regular pupils and school patrons.

Orthopedically Han

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Incidence Projection

National incidence figures indicate that 1.5 per cent of the school population can be considered as either physically (orthopedically) handicapped or possessing special health problems.

Description

Children who are orthopedically handicapped or have special health problems can be educationally handicapped because of a vast number of causal conditions, such as the following:

- Cerebral palsy – refers to a motor disability caused by a brain dysfunction.
- Traumatic conditions – refers to injury to the brain or parts of it before, during, or after birth, which can cause mental retardation, language disorders, reading disabilities, writing disabilities, inability to understand words, and various forms of motor incoordination. Injuries from burns, fractures, and amputations may also result in conditions which handicap a child in his educational program.
- Special health conditions – such as cardiac disabilities, diabetes, allergies, etc., may also present situations requiring consideration in program planning.

Educational Problem

The educational problems caused by an orthopedic handicap or a special health problem are numerous and obvious. Some educational problems facing the children and the school are presented in the following:

- Inability of the pupil to enter the bus or school building in a wheelchair
- Inability of a pupil to proceed in and about the building either in a wheelchair or on crutches
- Difficulty encountered by a physically handicapped child taking part in all activities, both regularly scheduled and extracurricular
- Special problems created in such skill areas as typing, industrial arts, and other activities which involve a degree of motor coordination
- Need for special apparatus or equipment in the classroom
- Problems caused by school facilities not providing such items as handrails to aid in walking in the halls, or special bathroom fixtures for the severely crippled

Identification Process

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- Problems caused by school facilities not providing such items as handrails to aid in walking in the halls, or special bathroom fixtures for the severely crippled

Identification Process

Identification of the orthopedically handicapped or health-impaired child in most cases is not difficult. However, it is important to evaluate the limitations of each child to determine the appropriate educational services or modifications needed. The school nurse would be an appropriate person to provide classroom teachers and administrators with necessary background information for any family problems, physical limitations, and complete medical history for the scheduling of an educational program. The school nurse then can be a part of the general education personnel team in designing educational programs for the orthopedically handicapped children and other special health problems.

Personnel Needed to Identify Condition

In addition to a school nurse, local school or community physicians and local, county, and state health services clinics can be used to advantage. Diagnosis of the handicapping condition must be made by a physician.

Educational Programs

Residential care is for children who are severely handicapped or, due to recent surgery, need to attend The University of Iowa Hospital School. This facility provides not only educational programs but also the services of occupational and physical therapists.

Special classes for the orthopedically handicapped and health-impaired can be established when the number of children needing special class placement justifies them. It is important to locate the classroom in one of the regular school buildings to permit interaction between the handicapped and non-handicapped to provide a greater breadth of educational programming.

Individual programs may be established to provide such services as transportation to and from school, special assistance in and about school, home or hospital instruction, and home-to-school telephone.

Program Personnel

Personnel teaching special classes for the orthopedically handicapped and health-impaired are required to have the appropriate certification in special education for such instructional responsibility. The teacher must hold endorsement number 35, with approval number 84.

Inservice Training Needs

Inservice training is essential for the regular classroom teachers and administrators to provide a more thorough understanding of the capabilities and limitations of such pupils. Inservice training sessions could be conducted by the school nurse, local physicians, or special class teachers.

Specific Learning D

Incidence Projection

It is estimated that approximately 3 per cent of the children enrolled in public schools have specific learning disabilities.

Description

The category of specific learning disabilities is sometimes confused with the general area of learning disorders. For purposes of administering special education programs, children with specific learning disabilities can be considered as children of low-average intelligence or above, who are "severe" underachievers, and who exhibit a disorder in one or more of the processes involved in understanding or in using spoken or written language. These may be manifested in the processes of reading, writing, spelling, arithmetic, listening, talking, or thinking. Often included in this group are some children who have been referred to as those having perceptual handicaps, minimal brain injury, minimal brain dysfunction, dyslexia, etc. While children with mental retardation, severe emotional disturbance, environmental disadvantages, or those who are visually handicapped, hearing handicapped, or physically handicapped often have learning disorders, they are not included in the specific learning disability category.

Educational Problem

The major emphasis of this program is on the premise that these children can learn adequately. However, in some academic areas they are unable to learn efficiently by the instructional approach presented in the standard curriculum. Therefore, they need a very specific form of instruction based upon individual learning patterns of the child.

The educational program may be designed to be remedial in nature, as is often the case with elementary age children, or it may be designed to strengthen the areas of ability and to help the child adjust to and minimize the effects of deficiencies, as is often the case with older children.

Identification Process

It is essential that all school personnel become familiar with particular types of educational and behavioral problems experienced by children with specific learning disabilities. The special education programming for these children necessarily involves the skills of members of numerous professions working as a team in the diagnostic, program development, and instructional phases.

Among the essential learning processes to be evaluated are those currently referred to in behavioral science as involving perception, integration, and expression, either verbal or nonverbal.

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Personnel Needed to Identify Condition

According to regulations as stated in the *"Rules of Special Education Explained, II"* no child can be placed in an approved program for children with specific learning disabilities unless the director of special education certifies the existence of a handicapping condition and recommends such placement. Prior to the decision for placement in such program the child must receive a comprehensive series of examinations to include, but not limited to the following: a medical examination; a psychological examination, including at least an individual test of intelligence; a vision examination; a language evaluation; a speech evaluation; an audiological evaluation; an educational evaluation; and when appropriate for the case, a psychiatric evaluation.

Educational Programs

There are essentially three types of educational programs for children with specific learning disabilities. These programs may utilize an itinerant teacher, resource room, or self-contained classroom approach. Regardless of the approach, the curriculum will usually include assistance in basic academic areas with the application of highly specialized instructional techniques. Normally, most of these children can be appropriately educated in a resource or itinerant teacher program. Self-contained classroom programs are probably most effective for children with the more severe problems, especially those with concomitant moderate to severe behavior problems.

Program Personnel

There are no specific requirements for certification of teachers of classes for children wtih specific learning disabilities. The general requirements presently stipulated for teachers of children with specific learning disabilities are that they must have a valid teacher's certificate and be endorsed to teach at the appropriate level – elementary or secondary. Teachers that have a strong elementary education background plus additional training in remedial reading with coursework and experience teaching handicapped children are considered to be minimally qualified for this type of program.

There are comparatively few universities that offer teacher-training programs with a major in specific learning disabilities. Because of the present demand for teachers of children with specific learning disabilities and the limited supply of such teachers, the most effective means of recruitment is probably within the existing school system.

Inservice Training Needs

The need for inservice training is quite apparent. Many regular class teachers, as well as some special class teachers, are not familiar with either the diagnostic or educational programming procedures used with children with specific learning disabilities. Many of these procedures can be effectively utilized in regular or other types of special classrooms. In most areas of Iowa the school psychologist, speech clinician, and sometimes the remedial reading teacher are probably the best qualified individuals available locally to conduct inservice training sessions.

Speech Han

Incidence Projection

The reported incidence of speech disorders varies from 2 per cent to 20 per cent depending upon sample studies and evaluations used in the study. The most frequently cited incidence is that 6 per cent of the total population has some variety of speech disorder. This percentage is based on estimates given in a report submitted by the American Speech and Hearing Association for the 1950 White House Conference. For planning purposes it is suggested that the following percentages be used: either the overall 6 per cent or 9 per cent at the elementary, preschool, and special class levels and 3 per cent at the junior and senior high levels.

Description

A speech-handicapped pupil is one with a communication disorder. It is present when a pupil has a deviation in speech, voice, or language to the degree that it draws attention to the manner of speech, interferes with the ability to comprehend or formulate speech, or causes the pupil to become maladjusted in his environment.

Speech problems are frequently classified as functional articulatory problems which would include substitution, omission, distortion, or addition of a particular sound; problems with a specific organic etiology such as cerebral palsy, aphasia, cleft lip, cleft palate, hearing loss, stuttering, voice disorders including deviations in pitch, loudness, quality; or language problems including problems with reception and expression and developmental delay, and other communication problems not readily classified in the areas previously mentioned.

Educational Problem

There is an increased awareness of the impact a communication handicap has on a pupil. There is much evidence to suggest that the child with a speech problem will have trouble in acquiring adequate reading skills due to phonetic emphasis used in reading. It is often possible to find the speech-handicapped child going into social isolation or isolation imposed by the peer group noticing the child is different because he "talks funny". It is difficult to determine the degree of psychological impact or damage to the self-concept that the handicap has had on a child. In later life comes the social and economic penalty society places on the speech-handicapped individual.

Identification Proces

Speech-handicapped pupils may be found by speech-adequacy screening techniques and by referral from family, teachers, administrators, physicians, or other professionals. A diagnosis is made by a speech clinician based upon professionally reliable tests or evaluative techniques of articulation, hearing acuity, language, voice, prosody, the peripheral speech mechanism, and other facets of communication. Referral for additional evaluation to a speech clinic, a physician, or other professional resource may be necessary.

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The Clinical Speech distinct services:

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Personnel Needed to Identify Condition

The speech clinician is charged with the responsibility of identifying and diagnosing speech-handicapped students. In Iowa, to be fully certified, a speech clinician must hold a master's degree in speech pathology from an institution offering an approved training program in speech pathology.

Educational Programs

The Clinical Speech Service program provides for six distinct services:

- *Identification* – This is a service provided to a general school population. It consists of locating and diagnosing pupils with handicapping disorders of speech.

- *Remediation* – This is a service provided to those pupils identified as having a handicapping disorder, and it consists of services appropriate to the disorder. Service shall consist of periodic diagnostic evaluations; direct and indirect remediation activities through manipulations within the environment; conferences and counseling with parents, guardians, siblings, peers, teachers, administrators, and other specialists providing complementary services to the pupil.

- *Referral* — This service consists of referring speech-handicapped students to professionally competent specialists or agencies when a pupil's problem indicates need for further evaluation or services within or outside the school.

- *Consultative* — This is a service provided to parents and specialists involved in the education of and services to speech-handicapped students. It consists of cooperative and coordinated participation in staffing for differential diagnosis and program planning for pupils, and making available specialized knowledge pertinent to speech and language development and improvement. Paramount in this area of service is the clinician's responsibility to provide information and assistance in helping each school inaugurate language development or speech improvement programs.

- *Administrative* — This service consists of careful planning and organization of the total clinical speech program to assure a comprehensive and continuous service. Scheduling of services, record-keeping, case studies, and reporting are among necessary activities in which a speech clinician must engage to assure effective and efficient operation of the program and service to the schools.

- *Research* — Services consist of analytic and objective evaluations of needs, services, and programs to assure that methods used are effective. It also requires that clinicians cooperate with others conducting studies pertinent to communication disorders.

For the communication-handicapped pupil with a severe language disorder, a special class may be established. This class would involve instruction in academic areas along with intensive service in the area of speech and language development. For the communication-handicapped pupil with speech problems of a developmental nature a regular class program of speech improvement or language development should be included in the curriculum of preschool, kindergarten, and early primary grades.

Program Personnel

Clinical Speech Services are to be provided only by a certificated speech clinician.

Because of individual needs of speech-handicapped youngsters, only a competent speech clinician familiar with the pupil's problem can determine the appropriate service required and the length and frequency of remediation, if such is indicated. Generally, one speech clinician can adequately serve a general school population of 1,500-2,000 pupils. To be most effective, remedial classes should not include more than three pupils per session and should meet two or more times per week for a minimum of 20 minutes per session. Generally, 50 to 75 speech-handicapped pupils can be scheduled for direct remediation services by each speech clinician. If personnel from the hearing field are not employed, additional responsibilities are mandated for speech clinicians, and the recommended figures would be somewhat lower.

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Special classes for pupils with severe language disorders must be served by a certificated speech clinician, language clinician, or other personnel trained in language pathology and remediation techniques.

Inservice Training Needs

Educators should be familiar with the identification of speech-handicapped children and methods of developing good speech habits in the regular classroom. The speech clinician can serve as a resource person in providing inservice education for regular classroom instructors.

Visually Handi

Incidence Projection

National incidence figures indicate that approximately 0.23 per cent of children between the ages of 5 and 21 are visually handicapped. Of this figure 0.2 per cent are classified as partially sighted and 0.03 per cent are blind.

Description

Traditionally, visually handicapped children have been classified and educated as either blind or partially sighted. The generally accepted definitions are:

- *Partially sighted* – Children having a visual acuity of 20/70 or less in the better eye after the best correction, and who can use vision as the chief channel of learning; and children who, in the opinion of specialists, can benefit from either temporary or permanent use of appropriate special facilities or materials.
- *Blind* – One whose vision is so defective that he cannot be educated through visual methods.
- *Legally Blind* – "One who possesses a visual acuity of 20/200 or less in the better eye after corrections or who has a visual field which subtends an angle of 20 degrees or less in the widest diameter." This definition is used only for the purpose of providing limits for distribution of federal allocations for purchase of special aids for those who qualify. It does not mean that the "legally blind" should or should not use braille or other tactile means in obtaining educational goals.

Educational Problem

Educational problems generally depend on the degree of visual loss. However, since it has been found that some individuals make more efficient use of their residual vision than do others, it is important to know the functional level of the student. Just because a child is classified as partially sighted does not mean that by providing large type textbooks his educational problems will be solved. It may be that the individual cannot see the entire word, when it is enlarged, due to a limited field of vision. It may be more appropriate to use the regular print, hold the material closer to the eyes, and reduce the amount of continuous reading time for the individual. This example is used only to point out the importance of individual programming. In many cases, the teacher can determine the best size print for a child to use by making reading material of various sizes available, allowing individual reaction.

Identification Proces

Identification of children with suspected impaired vision can be accomplished by several methods. Two possibilities are a vision-screening program and a teacher-identification and referral program. Generally, vision-screening should be started at a preschool level and carried on in alternate years complete record should be ma examination and referral patte In the Department of Public *School Health Services*, specifi concerning the complete screen

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Identification Process

Identification of children with suspected impaired vision can be accomplished by several methods. Two possibilities are a vision-screening program and a teacher-identification and referral program. Generally, vision-screening should be started at a preschool level and carried on in alternate years through the grades. A complete record should be maintained and a follow-up examination and referral pattern should be established. In the Department of Public Instruction publication *School Health Services*, specific information is provided concerning the complete screening program.

It is particularly important for the classroom teacher to be aware of the general symptoms exhibited by pupils which could lead to referral either to the school nurse or to an eye specialist. A teacher identification and referral program requires that teachers be trained for detecting children with impaired vision.

Personnel Needed to Identify Condition

School Nurses – In some schools, nurses will organize and administer a screening program and do the actual screening, recording, and filing of all information received regarding the results.

Classroom Teacher – In some instances the school nurse has trained or instructed the teacher so that she can screen children assigned to her room. This has an advantage, as the teacher is familiar with every pupil. Generally, the teacher will refer those who fail the first test to the nurse for a re-check before requesting an eye specialist examination.

Volunteer Groups – Some schools are taking advantage of the Iowa Society for the Prevention of Blindness

screening program at the preschool level. These teams are made up of interested parents thoroughly trained in the practices of administering a screening program. Diagnosis of a visual handicap must be made by a qualified eye specialist.

Educational Programs

Resource Room – a specially staffed and equipped room to which blind or partially seeing children, enrolled or registered in the regular classroom, come at scheduled intervals or as the need arises.

Itinerant Teacher – an organizational pattern whereby blind or partially-seeing children spend most of their school day in regular classrooms and receive special instruction individually or in small groups from itinerant teachers, who travel between two or more schools.

Teacher-Consultant – an organizational pattern whereby special teachers serve as itinerant teachers part of the time but will spend half or more of their time in general duties, such as consulting with regular school personnel and distributing instructional aids.

Program Personnel

A teacher of the visually handicapped is required to possess a teaching certificate endorsed to teach visually handicapped children, endorsement number 35 with approval number 83. At the present time there are no teacher-training institutions preparing teachers of the visually handicapped in Iowa.

Inservice Training Needs

Inservice training is an important phase of overall understanding of problems faced by teacher and pupil alike. Since most pupils will be enrolled in the regular class, opportunities should be extended to regular class personnel and administrators to become familiar with ramifications of the educational problem and methods of providing instruction to the visually handicapped.

Emotionally D

Incidence Projection

National incidence figures based on several major studies indicate that rate of disturbance varies somewhere between 2 and 12 per cent of the school population if only seriously maladjusted pupils are considered. For planning purposes it is recommended that a 3 per cent incidence projection be used.

Description

All mental disorders may be divided into two major groups: (1) those caused by or associated with impairment of brain tissue function and (2) disorders of psychogenic origin, which are disorders without clearly defined physical cause or structural change in the brain.

Those related to brain tissue function are:

- *Acute brain disorders* are those physically damaging accidents to the brain from which the patient recovers. They are the result of temporary, reversible impairment of brain tissue function.

- *Chronic brain disorders* result from relatively permanent, more or less irreversible impairment of cerebral tissue function. While the underlying pathological process may partially subside, or respond to specific treatment, there remains always a certain irreducible minimum of brain tissue destruction which cannot be reversed, even though the loss of function may be almost imperceptible clinically. Disorders of psychogenic origin are grouped into psychotic, psychoneurotic, and personality categories.

- *Psychotic disorders* in children may be suspected when the child seems extremely depressed, or abnormally elated. The child may exhibit swings in mood from sadness to happiness without any apparent cause. Commonly, thought disturbances are exhibited by psychotic youngsters in that their stream of thought is not logical. In extreme cases, psychotic children may hallucinate (imagine that people or things or events are present which do not exist in reality) or suffer from delusions (misinterpret events which happen around them).

- *Psychoneurotic disorders* are said to exist when the child's chief symptom is a continual state of anxiety. In many children this anxiety is suspected because the child is seen to bite his nails, or wring his hands, or twist his hair, or tap his fingers on the desk. In other children the symptoms are transferred into feelings of depression, or phobias (unexplained fears), or repetitive acts.

- *Personality disorders* are commonly seen in overly aggressive children. These children may tend toward delinquent behavior.

Educational Problem

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- *Personality disorders* are commonly seen in overly aggressive children. These children may tend toward delinquent behavior.

Educational Problem

Generally children who, because of their behavior disturbances, are either unable to benefit from current educational opportunities or are disruptive to the educational progress of others should be considered for special programs for the emotionally disturbed. Establishing the educational tone of the learning environment is essential when dealing with the maladjusted child. The teacher must be far more consciously involved in motivational problems than would be necessary with normal children. The teacher must determine what behavioral limits to establish, what curriculum to follow, and what kind of relationship to establish with each child. The teacher must be an active member of a team that operates in a framework based upon understanding the child.

Identification Process

As in most educationally handicapping conditions, the regular classroom teacher serves the role of "suspectition" in determining the existance of a handicap. Usually a referral for help with an emotional disorder is not instigated until the problem behavior becomes sufficiently annoying to a concerned adult or to the child himself. Often, the parents may seek outside help without involving school personnel. In such instances parents usually go to their family doctors for referral to appropriate mental health professionals. If the school is the referring agency, a parent conference is of prime importance to communicate the need for outside help and to enlist the cooperation of the parents.

Personnel Needed to Identify Condition

Teachers – More often than not the classroom is the first setting in which the child's behavior can be compared to the "norm" of behavior exhibited by his peers. During the course of the school year, the teacher has many opportunities to observe the behavior of youngsters for whom she is responsible and to note "problem children".

School Psychologist – Usually the school psychologist is the first mental health person to be called upon by the teacher for help with the children in her classroom. The school psychologist should be familiar with all available resources to which the child might be referred for psychotherapeutic help.

Counselors – Occasionally, a youngster may need assistance in working through some adjustment problems which might be handled within the school through a counselor. The counselor should be knowledgeable about the pupils' families and should be a valuable link in the referral chain.

School Social Workers – The social worker may be engaged in working with parents of disturbed children during the course of treatment and may also be involved in the treatment of the disturbed child.

A diagnosis of an emotional maladjustment severe enough to require services from a resource room, itinerant teacher, or special class placement must be made by an approved psychiatrist or clinical psychologist prior to placement of a pupil.

Educational Programs

Programs for emotionally disturbed children in Iowa may be established according to three types:

- *self-contained classrooms* which should be very closely connected with an in-patient treatment facility to enable these children to receive needed therapy
- *resource room programs* set up in such manner that a specially-prepared teacher will work with the disturbed child for only a fraction of the school day, while the regular classroom teachers work with the child for the remainder of the day
- *itinerant teacher programs* which function much like the resource room except that the teacher travels from school to school in working with individual children

Additionally, the child may be maintained in the regular class with the supportive help of special education personnel who assist the regular teacher with methods of dealing with disturbed behavior.

Program Personnel

Teachers of the emotionally maladjusted need to have all the characteristics of a good teacher with the addition of an exceptional amount of patience to enable toleration of behavior which might not be initially acceptable.

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Program Personnel

Teachers of the emotionally maladjusted need to have all the characteristics of a good teacher with the addition of an exceptional amount of patience to enable toleration of behavior which might not be initially acceptable.

Resource teachers especially should have the ability to cooperate with regular teachers in developing plans for education of the child. The skill to communicate techniques to the regular teacher to benefit the maladjusted youngster and to eliminate procedures which are not beneficial is a prerequisite.

This would imply that the teacher must have the basic teaching credentials plus a concentration of coursework intended to increase knowledge in behavior disorders and child psychology. Most professors charged with preparing teachers of the maladjusted feel that the body of knowledge to be mastered is too great to be covered in a four-year undergraduate course, and therefore, most teacher-training programs seem to be moving in the direction of developing teachers of the maladjusted at the graduate level.

Inservice Training Needs

Regular class teachers need to be alerted to types of behavior which might indicate the existence of an emotional disorder that should be referred for treatment. At the same time, the regular teacher should be sufficiently informed so she can adapt her classroom to meet the needs of youngsters diagnosed as emotionally disturbed but whose disorder does not warrant special class placement. The school administrator must be familiar with the general identification process, referral procedure, program possibilities, and area resources available for serving disturbed children. As the building leader, he will be able to provide understanding and guidance to his personnel.

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IN THE EDUCATION

There are many individuals who can and must play a significant role in the development, implementation, and on-going operation of programs for handicapped children if quality services are to be provided. Staff members such as the school counselor, school social worker, school nurse, school psychologist, and remedial reading teacher are cited to give an indication of the need for involvement of many professionals in many different ways in services for handicapped children. The administrator must evaluate his professional staff carefully to insure that individuals able to make a contribution in special education are not overlooked.

Guidance Counselor

Guidance and counseling services should be an integral part of the school curriculum provided for the handicapped. As part of the pupil personnel services team, the school counselor has a responsibility to provide services to the handicapped child. Also, the school has a responsibility to include guidance services made available through the school counselor's office in the implementation, growth, and development of special programs to serve the handicapped. Guidance services are for all pupils. The handicapped need and are entitled to all the services included in an organized guidance program.

Although the methodology employed by the counselor will vary in accordance with the specific handicapping condition, the guidance needs of the handicapped are basically the same as for the so-called "normal" child. As a member of the team, the counselor's responsibilities would include

- providing counseling services to pupils
- providing assistance to pupils by consulting with teachers, administrators, and other members of the pupil personnel services team
- providing assistance to pupils through group guidance activities
- assisting in establishing adequate methods of appraisal
- providing assistance to pupils in the vocational aspects of guidance
- consulting with parents of handicapped youth
- providing assistance in the availability and use of non-school referral sources
- coordinating activities of the total personnel team

School Psychologist

As a member of a multi-disciplinary team, the school psychologist is capable of making a significant and unique contribution to the diagnostic and educational programming information available for handicapped children. With some types of handicapping conditions the school psychologist is the individual who by regulation is responsible for certifying the existence of the handicapping condition.

In addition to his responsibility for conducting individual psychological evaluations of children who manifest learning or school adjustment problems, he is responsible for interpreting findings of psychological evaluations and for making appropriate educational recommendations to other agencies and spec serve in a consultative regarding psychological practices, and curriculu public understanding a vices in the schools an for teachers and admin and behavior and how development. The sch upon to serve in a refe the school, the commu the understanding an learning or behavior pro

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In addition to his responsibility for conducting individual psychological evaluations of children who manifest learning or school adjustment problems, he is responsible for interpreting findings of psychological evaluations and for making appropriate educational recommendations to school personnel, parents, and other agencies and specialists. He has the background to serve in a consultative capacity to school personnel regarding psychological implications of school policies, practices, and curriculum. He is in a position to promote public understanding and support of psychological services in the schools and to provide inservice education for teachers and administrators on theories of learning and behavior and how they relate to child growth and development. The school psychologist is often called upon to serve in a referral and liaison capacity between the school, the community, and community agencies in the understanding and treatment of children with learning or behavior problems.

Because of his experience and training the school psychologist can be of great assistance to administrators in the survey and establishment of special educational programs for handicapped children.

School Nurse

The school nurse makes an important contribution to the multi-disciplinary team responsible for identifying and providing educational programs for the handicapped child.

The school nurse's knowledge of child growth and development, the disease process, the methods of treatment and expected outcomes enable her to interpret medical findings and implications for modifying the present programs to accommodate the limits of handicapped children.

School nurses may plan the appraisal procedures for

identifying those children in the school population who have conditions which prevent them from effective utilization of the present educational program. The nurse's knowledge of the community, including resource personnel and agencies, can help with coordination of community resources available to the school child. She assists in interpreting the school to the community. She is able to identify the school expectations and structure to the attending physician, thereby enabling more realistic planning for education of the handicapped child. She serves as a liaison person between the school and public health agencies for early identification of special education needs.

Remedial Reading Consultant

Involvement of a qualified remedial reading consultant in the planning of a language arts curriculum can greatly enhance the special education instructional program. Effectiveness of the consultative service will depend in part on the amount of time allotted for this involvement, the training and attitudes of the personnel participating in the planning, and the communication level among the personnel.

Consultative services which might be provided by a qualified remedial reading teacher in coordination with the special education personnel are

- participation on a multi-disciplinary committee to plan a language arts syllabus or to develop a pupil case study
- evaluation of present methods and materials in respect to defined special education language arts curriculum objectives
- adjustment of curriculum materials and methods of instruction to provide for different modalities of learning, ability levels, and handicapping conditions
- introduction, review, and screening of new language arts materials and equipment which might be incorporated into the special education curriculum
- assessment of pupil skill-learning potentialities by standardized or informal tests
- preparation of an analytical evaluation of test results and planning of a course instruction with reference to pupil needs
- grouping and scheduling of language arts skill-activities in content areas
- recommendation of possible recording devices to assist with continuous evaluation of pupil performance
- assistance in the interpretation of the language arts curriculum in the special education program to faculty and parents.

Social Worker

The contribution of the social worker to the school team is in providing a skilled method of working with families and children to enable them to handle their problems in a more constructive and successful manner. The social worker assesses the effect of home and community

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- recommendation of possible recording devices to assist with continuous evaluation of pupil performance
- assistance in the interpretation of the language arts curriculum in the special education program to faculty and parents.

Social Worker

The contribution of the social worker to the school team is in providing a skilled method of working with families and children to enable them to handle their problems in a more constructive and successful manner. The social worker assesses the effect of home and community conditions and relationships upon the child's school attitude and performance. His methods are social case-work, social groupwork, community organization and consultation. It is through this helping process that the social worker strives to bring about those changes which will enable the pupil to apply his strength, gain insights, change attitudes, and develop self-discipline.

One important aspect about team functioning is the joint assessment of problem situations and their total impact upon the child. This involves his academic pursuits as well as his personal and social relationships. The child no longer is a baton being passed from one specialist to another but is rather focused upon in a coordinated and integrated manner.

DATE: June 19, 1969

TO: County and Local Superintendents
Directors of Special Education

FROM: PAUL F. JOHNSTON
State Superintendent of Public Instruction

SUBJECT: New Legal Requirement for School Approval

Attached is a copy of Senate File 409, 63rd General Assembly, which was signed by Governor Ray on May 8, 1969. This piece of legislation makes it mandatory that each school district shall provide special education services for all handicapped children who are enrolled in their schools from kindergarten through grade 12.

This amendment to the Code of Iowa repeals the heretofore permissive nature of special education provisions for handicapped children at the elementary level and executes a mandate for such services. Therefore, this amendment in concert with section 257.25 of the 1966 Code (secondary mandate) requires the provision of special education services for all handicapped children enrolled in all public schools in Iowa regardless of the type of handicapping conditions involved.

This amendment does not change the scope of special education services as presently defined. The types of programs approved, handicapping conditions served and eligibility requirements remain the same as described in the current rules of special education.

Senate File 409 is effective July 1, 1969. In order for each school district to maintain an approved status it is necessary for each district to provide special education services for all of the handicapped children who are or otherwise would be enrolled in the school district. However, it is recognized that it would be impossible to initiate programs to serve all handicapped children by the beginning of the 1969-1970 school year. School districts should implement the requirement as much as possible and use the time available during the 1969-70 school year to plan how they intend to meet the requirements of the mandate. The Division of Special Education will be available upon specific request to assist local or intermediate school districts in planning during the upcoming school year.

Attachment II is taken form the 1967 State Department of Public Instruction publication "The Rules of Special Education - Explained" and contains a listing and short description of the different handicapping conditions that must be served by school districts and the supportive personnel needed for such programs.

Attachment I

Your attention is directed to the follow
General Assembly in regard to Special Educati
children enrolled in Iowa's Public Schools.

AN ACT

RELATING TO THE REQUIREMENT THAT SCHOOL DISTR
SPECIAL EDUCATION SERVICES TO ALL CHILDR
SCHOOLS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE

Section1. Section two hundred fifty-sev
(257.25), Code 1966, as amended by chapters t
(227), two hundred twenty-eight (228), and tw
(229), Acts of the Sixty-second General Assem
amended by inserting after subsection four (4
section:

"Provision for special education service
be shared by public schools, shall be made fo
education, who are or would otherwise be enro
grade eight of such schools."

Sec. 2. Chapter two hundred eighty (280),
amended by adding there to the following new s

"The board in each school district shall
special education services are made available
enrolled in kindergarten and all grades of its
offered under this section shall comply with r
ulgated by the state board of public instructi
to approval and reimbursement of excess costs
two hundred eighty-one (281) of the Code. Pro
section may be carried on by cooperative arran
and county boards of education as provided by
one (281) of the Code."

I hereby certify that this bill origina
known as Senate File 409, Sixty-third General

Approved May 9, 1969 15 37 Senate Journal

ROBERT D. RAY
Governor

Appendix A

Attachment I

Your attention is directed to the following enactment of the 63rd General Assembly in regard to Special Education services for handicapped children enrolled in Iowa's Public Schools.

SENATE FILE 409

AN ACT

RELATING TO THE REQUIREMENT THAT SCHOOL DISTRICTS MAKE PROVISION FOR SPECIAL EDUCATION SERVICES TO ALL CHILDREN ENROLLED IN THE PUBLIC SCHOOLS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section1. Section two hundred fifty-seven point twenty-five (257.25), Code 1966, as amended by chapters two hundred twenty-seven (227), two hundred twenty-eight (228), and two hundred twenty-nine (229), Acts of the Sixty-second General Assembly, is hereby further amended by inserting after subsection four (4) the following new subsection:

"Provision for special education services and programs, which may be shared by public schools, shall be made for children requiring special education, who are or would otherwise be enrolled in kindergarten through grade eight of such schools."

Sec. 2. Chapter two hundred eighty (280), Code 1966, is hereby amended by adding there to the following new section:

"The board in each school district shall make provision whereby special education services are made available to all handicapped pupils enrolled in kindergarten and all grades of its schools. Programs offered under this section shall comply with rules and standards promulgated by the state board of public instruction and shall be subject to approval and reimbursement of excess costs as provided in chapter two hundred eighty-one (281) of the Code. Programs offered under this section may be carried on by cooperative arrangements between districts and county boards of education as provided by chapter two hundred eighty-one (281) of the Code."

ROGER W. JEPSEN
President of the Senate

WILLIAM H. HARBOR
Speaker of the House

I hereby certify that this bill originated in the Senate and is known as Senate File 409, Sixty-third General Assembly.

CARROLL A. LANE
Secretary of the Senate

Approved May 9, 1969 15 37 Senate Journal

ROBERT D. RAY
Governor

Attachment II

12.1 (2) "Children requiring special education" are defined to include the following classes of handicapped children:

Physically Handicapped

a. Children "crippled" or children who have "heart disease or tuberculosis, or who by reason of physical defects cannot attend the regular public school classes with normal children" shall include those children commonly identified as crippled or other health impaired. They are those pupils who suffer from physical disabilities or severe health impairments which make it impractical or impossible for them to participate in normal classroom programs without modification, provided that "physical disability" does not include handicapping conditions otherwise defined in this chapter. Pupils with specific learning disabilities are pupils who manifest an educationally significant discrepancy between their estimated intellectual potential and actual level of performance related to basis disabilities in the learning processes, which may or may not be accompanied by demonstrable central nervous system dysfunction and which are not secondary to generalized mental retardation, education or cultural deprivation, severe emotional disturbance, or sensory loss.

Specific Learning Disabilities

Visually Handicapped

b. Children who "have defective sight" shall include those children commonly identified as visually handicapped. They are those pupils whose impairment, with maximum correction, does not permit them to make satisfactory use of regular instructional materials of techniques.

Hearing Handicapped

c. Children who "are hard of hearing" shall include those children commonly identified as hearing handicapped. They are those pupils having a hearing loss which significantly restricts benefit form or participation in the normal classroom program and necessitates a modified instru:tional program.

Speech Handicapped

d. Children who "have an impediment in speech: shall include those children commonly identified as children with a communication handicap. They are those pupils with a disorder of communication, present when one has deviation in speech, voice, or language to the degree that it makes a difference: it interferes with self-expression, or ability to comprehend speech, or causes the individual to become maladjusted to his enviroment. Speech deviations which do not fit one or more of these criteria are not considered to be of a handicapping nature but rather may be of a developmental nature or an expression of individuality. The speech handicapped pupil's special education needs shall be met through six distinct speech therapy services: identification, remediation, referral, resource, administrative, and research services.

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Emotionally Maladjusted

Mentally Retarded

e. Children who are "emotionally maladjusted" shall include those children commonly identified as emotionally disturbed or socia maladjusted. They are those pupils who display an inability t develop or maintain satisfactory intrapersonal or interpersona relationships.

f. Children "intellectually incapable of profiting from ordinary instructional methods: shall include those children commonly identified as mentally handicapped. They are those pupils, who as a result of sub-average general intellectual functionin which is associated with impairment of maturation, learning, and social adjustment, are incapable of being educated profitat and efficiently through ordinary classroom instruction. "Sub-average general intellectual functioning" refers to performanc which is greater than one standard deviation below the popula-tion mean on an approved individual test of general intellige administered by an approved examiner.

12.14 (281) Authorized personnel.

The following types of special education personnel are authorized to be employed by a local, RESA or County educational agency:

Special Education Directors — 12.14 (1) Special Education Directors. Employed to administer, supervise, and coordinate a total special education program.

Special Consultants — 12.14 (2) Special Consultants. Employed to assist school administrators in carrying out programs for pupils in need of special education.

The following Special Consultants may be employed:

1. Consultant, Clinical Speech Services
2. Consultant, Psychological Services
3. Consultant, Hearing Conservation Services
4. Consultant, School Social Work Services
5. Consultant, Physically Handicapped
6. Consultant, Mental Retardation
7. Consultant, Emotionally Disturbed
8. Consultant, Visually Handicapped
9. Consultant, Child Development
10. Consultant, Specific Learning Disabilities
11. Consultant, Deaf Education
12. Others to be approved by State Division of Special Education

Speech Clinicians — 12.14 (3) Speech Clinicians. Employed to provide clinical speech services necessary for identifying, planning, coordinating, and carrying out programs for speech, voice, and language handicapped pupils.

School Psychologists — 12.14 (4) School Psychologists. Employed to provide those psychological services necessary for the identification of pupils in need of special education services and for planning carrying out programs for them.

Hearing Clinicians — 12.14 (5) Hearing Clinicians. Employed to provide services necessary for the identification of public school pupils having hearing impairments and for planning and providing special education services for them.

School Social Workers — 12.14 (6) School Social Workers. Employed to serve handicapped pupils through group or individual case work practice, consultation with school personnel, and counseling of parents and pupils.

Physical and Occupational Therapists — 12.14 (7) Physical and Occupati… to provide those specific therap… pupils.

Hospital Teachers Teachers of the Homebound — 12.14 (8) Hospital Teachers and … Employed to provide instruction … regular classes because of a phy…

Teachers for Specific Types of Handicapping Conditions — 1214 (9) Teachers for specific t… children who are physically handi… turbed, educable mentally handica… handicapped, visually handicapped … children with specific learning … or resource teachers may be emplo… specific learning disabilities, … and hearing handicapped children.

12.14 (10) Supplemental Teachers.

12.14 (11) Matrons and Teacher Ai…

12.14 (12) Work Study Coordinator … Coordinators.

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Physical and Occupational Therapists

12.14 (7) Physical and Occupational Therapists. Employed to provide those specific therapies needed by handicapped pupils.

Hospital Teachers
Teachers of the Homebound

12.14 (8) Hospital Teachers and Teachers of the Homebound. Employed to provide instruction for pupils unable to attend regular classes because of a physical handicap.

Teachers for Specific Types of Handicapping Conditions

1214 (9) Teachers for specitic types. Employed to teach children who are physically handicapped, emotionally disturbed, educable mentally handicapped, trainable mentally handicapped, visually handicapped, hearing handicapped, and children with specific learning disabilities. Itinerant or resource teachers may be employed for children with specific learning disabilities, visually handicapped children and hearing handicapped children.

12.14 (10) Supplemental Teachers.

12.14 (11) Matrons and Teacher Aides.

12.14 (12) Work Study Coordinators and Work Adjustment Coordinators.

State of Iowa
Department of Public Instruction
[illegible] Johnston, Superintendent

PROJECTED INCIDENCE HANDICAPPING CONDITIONS BY COUNTIES

County Name	1968 School Census 5-21	Phy. Hand. & Special Health Prob. 1.5%	EMR 2.0%	TMR .33%	Part. Seeing .2%	Blind .03%	Deaf .1%	Hearing Hand. 2.0%
1	2	3	4	5	6	7	8	9
Adair	2264	34	45	7	5	1	2	45
Adams	1603	24	32	5	3	0	2	32
Allamakee	5532	83	111	18	11	2	6	111
Appanoose	3969	60	79	13	8	1	4	79
Audubon	3126	47	63	10	6	1	3	63
Benton	7242	109	145	24	14	2	7	145
Black Hawk	40269	604	805	133	81	12	40	805
Boone	6912	104	138	23	14	2	7	138
Bremer	9210	138	184	30	18	3	9	184
Buchanan	6186	93	124	20	12	2	6	124
Buena Vista	6570	99	131	22	13	2	6	131
Butler	4973	75	99	16	10	1	5	99
Calhoun	5431	81	109	18	11	2	5	109
Carroll	8172	123	163	27	16	2	8	163
Cass	5854	88	117	19	12	2	6	117
Cedar	6440	97	129	21	13	2	6	129
Cerro Gordo	15144	227	303	50	30	5	15	303
Cherokee	6004	90	120	20	12	2	6	120
Chickasaw	4874	73	97	16	10	1	5	97
Clarke	2136	32	43	7	4	1	2	43
Clay	5865	88	117	19	12	2	6	117
Clayton	7129	107	143	24	14	2	7	143
Clinton	17638	265	353	58	35	5	18	353
Crawford	7418	111	148	24	15	2	7	148
Dallas	8306	125	166	27	17	2	8	166
Davis	2477	37	50	8	5	1	2	50
Decatur	2664	40	53	8	5	1	3	53
Delaware	6310	95	126	21	13	2	6	126
Des Moines	13485	202	270	45	27	4	13	270
Dickinson	4439	66	89	15	9	1	4	89
Dubuque	32414	486	648	107	65	10	32	648
Emmet	4910	74	98	16	10	1	5	98

State of Iowa
Department of Public Instruction
[illegible] Johnston, Superintendent

Appendix B

PROJECTED INCIDENCE HANDICAPPING CONDITIONS BY COUNTIES

1968 School Census 5-21	Phy. Hand. & Special Health Prob. 1.5%	EMR 2.0%	TMR .33%	Part. Seeing .2%	Blind .03%	Deaf .1%	Hearing Hand. 2.0%	Speech Hand. 6.0%	Emot. Dist. 3.0%	SLD 3.0%
2	3	4	5	6	7	8	9	10	11	12
2264	34	45	7	5	1	2	45	136	68	68
1603	24	32	5	3	0	2	32	96	48	48
5532	83	111	18	11	2	6	111	332	166	166
3969	60	79	13	8	1	4	79	238	119	119
3126	47	63	10	6	1	3	63	188	94	94
7242	109	145	24	14	2	7	145	435	217	217
0269	604	805	133	81	12	40	805	2416	1208	1208
6912	104	138	23	14	2	7	138	415	207	207
9210	138	184	30	18	3	9	184	553	276	276
6186	93	124	20	12	2	6	124	371	186	186
5570	99	131	22	13	2	6	131	394	197	197
4973	75	99	16	10	1	5	99	298	149	149
6431	81	109	18	11	2	5	109	326	163	163
8172	123	163	27	16	2	8	163	490	245	245
8854	88	117	19	12	2	6	117	351	176	176
6440	97	129	21	13	2	6	129	386	193	193
9144	227	303	50	30	5	15	303	909	454	454
6004	90	120	20	12	2	6	120	360	180	180
4874	73	97	16	10	1	5	97	292	146	146
2136	32	43	7	4	1	2	43	128	64	64
5865	88	117	19	12	2	6	117	352	176	176
8129	107	143	24	14	2	7	143	428	214	214
9638	265	353	58	35	5	18	353	1058	529	529
7418	111	148	24	15	2	7	148	445	223	223
9306	125	166	27	17	2	8	166	498	249	249
2477	37	50	8	5	1	2	50	149	74	74
2664	40	53	8	5	1	3	53	160	80	80
9310	95	126	21	13	2	6	126	379	189	189
6485	202	270	45	27	4	13	270	809	405	405
2439	66	89	15	9	1	4	89	266	133	133
7414	486	648	107	65	10	32	648	1945	972	972
2910	74	98	16	10	1	5	98	295	147	147

County Name	1968 School Census 5-21	Phy. Hand & Special Health Prob. 1.5%	EMR 2.0%	TMR .33%	Part. Seeing .2%	Blind .03%	Deaf .1%	Hearing Hand. 2.0%	Speech Hand. 6.0%
1	2	3	4	5	6	7	8	9	10
Fayette	9447	142	189	31	19	3	9	189	567
Floyd	7061	106	141	23	14	2	7	141	424
Franklin	3524	53	70	12	7	1	4	70	211
Fremont	2821	42	56	9	6	1	3	56	169
Greene	3941	59	79	13	8	1	4	79	236
Grundy	4538	68	91	15	9	1	5	91	272
Guthrie	4792	72	96	16	10	1	5	96	288
Hamilton	6266	94	125	21	13	2	6	125	376
Hancock	4722	71	94	16	9	1	5	94	283
Hardin	7827	117	157	26	16	2	8	157	470
Harrison	5433	81	109	18	11	2	5	109	326
Henry	5477	82	110	18	11	2	5	110	329
Howard	4956	74	99	16	10	1	5	99	297
Humboldt	4421	66	88	15	9	1	4	88	265
Ida	2816	42	56	9	6	1	3	56	169
Iowa	5692	85	114	19	11	2	6	114	342
Jackson	6709	101	134	22	13	2	7	134	403
Jasper	11293	169	226	37	23	3	11	226	678
Jefferson	3982	60	80	13	8	1	4	80	239
Johnson	13789	207	276	46	28	4	14	276	827
Jones	6750	101	135	22	14	2	7	135	405
Keokuk	4829	72	97	16	10	1	5	97	290
Kossuth	7905	119	158	26	16	2	8	158	474
Lee	13238	199	265	44	26	4	13	265	794
Linn	50355	755	1007	166	101	15	50	1007	3021
Louisa	4136	62	83	14	8	1	4	83	248
Lucas	2722	41	54	9	5	1	3	54	163
Lyon	4817	72	96	16	10	1	5	96	289
Madison	3866	58	77	13	8	1	4	77	232
Mahaska	5264	79	105	17	11	2	5	105	316
Marion	7885	118	158	26	16	2	8	158	473
Marshall	12172	183	243	40	24	4	12	243	730
Mills	3174	48	63	10	6	1	3	63	190
Mitchell	4551	68	91	15	9	1	5	91	273

& Special Health Prob. 1.5%	EMR 2.0%	TMR .33%	Part. Seeing .2%	Blind .03%	Deaf .1%	Hearing Hand. 2.0%	Speech Hand. 6.0%	Emot. Dist. 3.0%	SLD 3.0%
3	4	5	6	7	8	9	10	11	12
142	189	31	19	3	9	189	567	283	283
106	141	23	14	2	7	141	424	212	212
53	70	12	7	1	4	70	211	106	106
42	56	9	6	1	3	56	169	85	85
59	79	13	8	1	4	79	236	118	118
68	91	15	9	1	5	91	272	136	136
72	96	16	10	1	5	96	288	144	144
94	125	21	13	2	6	125	376	188	188
71	94	16	9	1	5	94	283	142	142
117	157	26	16	2	8	157	470	235	235
81	109	18	11	2	5	109	326	163	163
82	110	18	11	2	5	110	329	164	164
74	99	16	10	1	5	99	297	149	149
66	88	15	9	1	4	88	265	133	133
42	56	9	6	1	3	56	169	84	84
85	114	19	11	2	6	114	342	171	171
101	134	22	13	2	7	134	403	201	201
169	226	37	23	3	11	226	678	339	339
60	80	13	8	1	4	80	239	119	119
207	276	46	28	4	14	276	827	414	414
101	135	22	14	2	7	135	405	203	203
72	97	16	10	1	5	97	290	145	145
119	158	26	16	2	8	158	474	237	237
199	265	44	26	4	13	265	794	397	397
755	1007	166	101	15	50	1007	3021	1511	1511
62	83	14	8	1	4	83	248	124	124
41	54	9	5	1	3	54	163	82	82
72	96	16	10	1	5	96	289	145	145
58	77	13	8	1	4	77	232	116	116
79	105	17	11	2	5	105	316	158	158
118	158	26	16	2	8	158	473	237	237
183	243	40	24	4	12	243	730	365	365
48	63	10	6	1	3	63	190	95	95
68	91	15	9	1	5	91	273	137	137

County Name	1968 School Census 5-21	Phy. Hand. & Special Health Prob. 1.5%	EMR 2.0%	TMR .33%	Part. Seeing .2%	Blind .03%	Deaf .1%	Hearing Hand. 2.0%	Speech
1	2	3	4	5	6	7	8	9	
Monona	3905	59	78	13	8	1	4	78	
Monroe	2712	41	54	9	5	1	3	54	
Montgomery	3754	56	75	12	8	1	4	75	
Muscatine	10023	150	200	33	20	3	10	200	
O'Brien	6367	96	127	21	13	2	6	127	
Osceola	2451	37	49	8	5	1	2	49	
Page	5082	76	102	17	10	2	5	102	
Palo Alto	5270	79	105	17	11	2	5	105	
Plymouth	8396	126	168	28	17	3	8	168	
Pocahontas	4118	62	82	14	8	1	4	82	
Polk	75393	1131	1508	249	151	23	75	1508	
Pottawattamie	27912	419	558	92	56	8	28	558	
Poweshiek	5322	80	106	18	11	2	5	106	
Ringgold	2036	30	40	7	4	1	2	40	
Sac	5294	79	106	17	11	2	5	106	
Scott	45491	682	910	150	91	14	45	910	
Shelby	5360	80	107	18	11	2	5	107	
Sioux	9335	140	187	31	19	3	9	187	
Story	15069	226	301	50	30	5	15	301	
Tama	6112	92	122	20	12	2	6	122	
Taylor	2627	39	53	9	5	1	3	53	
Union	4013	60	80	13	8	1	4	80	
Van Buren	2546	38	51	8	5	1	3	51	
Wapello	14342	215	287	47	29	4	14	287	
Warren	7503	113	150	25	15	2	8	150	
Washington	6238	94	125	21	12	2	6	125	
Wayne	2257	34	45	7	5	1	2	45	
Webster	14859	223	297	49	30	4	15	297	
Winnebago	4915	74	98	16	10	1	5	98	
Winneshiek	5448	82	109	18	11	2	5	109	
Woodbury	34716	521	694	115	69	10	35	694	
Worth	2231	33	45	7	4	1	2	45	
Wright	6380	96	128	21	13	2	6	128	
Grand Total	873,614	13,106	17,467	2,880	1,742	262	867	17,467	52

	Phy. Hand. & Special Health Prob. 1.5%	EMR 2.0%	TMR .33%	Part. Seeing .2%	Blind .03%	Deaf .1%	Hearing Hand. 2.0%	Speech Hand. 6.0%	Emot. Dist 3.0%	SLD 3.0%
	3	4	5	6	7	8	9	10	11	12
05	59	78	13	8	1	4	78	234	117	117
12	41	54	9	5	1	3	54	163	81	81
54	56	75	12	8	1	4	75	225	113	113
23	150	200	33	20	3	10	200	601	301	301
67	96	127	21	13	2	6	127	382	191	191
51	37	49	8	5	1	2	49	147	74	74
42	76	102	17	10	2	5	102	305	152	152
70	79	105	17	11	2	5	105	316	158	158
96	126	168	28	17	3	8	168	504	252	252
48	62	82	14	8	1	4	82	247	124	124
33	1131	1508	249	151	23	75	1508	4524	2262	2262
12	419	558	92	56	8	28	558	1675	837	837
12	80	106	18	11	2	5	106	319	160	160
06	30	40	7	4	1	2	40	122	61	61
14	79	106	17	11	2	5	106	318	159	159
91	682	910	150	91	14	45	910	2729	1365	1365
10	80	107	18	11	2	5	107	322	161	161
75	140	187	31	19	3	9	187	560	280	280
09	226	301	50	30	5	15	301	904	452	452
22	92	122	20	12	2	6	122	367	183	183
97	39	53	9	5	1	3	53	158	79	79
83	60	80	13	8	1	4	80	241	120	120
56	38	51	8	5	1	3	51	153	76	76
12	215	287	47	29	4	14	287	861	430	430
83	113	150	25	15	2	8	150	450	225	225
83	94	125	21	12	2	6	125	374	187	187
7	34	45	7	5	1	2	45	135	68	68
0	223	297	49	30	4	15	297	892	446	446
5	74	98	16	10	1	5	98	295	147	147
8	82	109	18	11	2	5	109	327	163	163
6	521	694	115	69	10	35	694	2083	1041	1041
	33	45	7	4	1	2	45	134	67	67
	96	128	21	13	2	6	128	383	191	191
	13,106	17,467	2,880	1,742	262	867	17,467	52,417	26,208	26,208

A SELECTED BIBLIOGRAPHY ON SPECIAL EDUCATION FOR SCHOOL ADMINISTRATORS

Berkowitz, P. H. and E. P. Rothman. *The Disturbed Child.* New York: New York University Press, 1960.

Black, Martha. *Speech Correction in the Schools.* Englewood Cliffs, New Jersey: Prentice Hall, Inc., 1964.

Calovini, Gloria. *The Principal Look at Classes for the Physically Handicapped.* Washington, D. C.: Council for Exceptional Children, NEA, 1969.

Conner, Leo E. *Administration of Special Education Programs.* New York: Teachers College, Columbia University, 1961.

Cruickshank, W. M. and G. O. Johnson (Eds.). *Education of Exceptional Children and Youth.* Englewood Cliffs, New Jersey: Prentice Hall, 1958.

Cruickshank, W. M. and G. M. Raus. *Cerebral Palsy: Its Individual and Community Problems.* Syracuse, New York: Syracuse University Press, 1955.

Denhoff, Eric and Isabel Robinault. *Cerebral Palsy and Related Disorders.* New York: The Blakiston Division, McGraw-Hill Book Co., 1960.

Dunn, Lloyd M. (Ed.). *Exceptional Children in the Schools.* New York: Holt, Rinehart & Winston, Inc., 1963.

Frierson, E. and W. Barbe. *Educating Children with Learning Disabilities.* New York: Appleton-Century-Crofts, 1967.

Greenfield, Richard. *Counseling & Supportive Services in Vocational Education for the Disadvantaged.* Job Counseling Center, Board of Education, New York City: National Committee on Employment of Youths, 145 East 32nd Street, New York City, 10016, 1969.

Haring, Norris G. and Richard L. Schiefelbusch (Ed.). *Methods in Special Education.* New York: McGraw-Hill Book Co., 1967.

Irwin, Ruth Becky. *Speech and Hearing Therapy; Clinical and Educational Principles.* Pittsburgh: Stanwix House, Inc., 1965.

Long, N. J., Wm. C. Morse and Ruth G. Newman. *Conflict in the Classroom.* Belmont, Cal.: Wadsworth Publishing Company, 1966.

Lord, F. E. and Robert M. Isenberg. *Cooperative Programs in Special Education.* Council for Exceptional Children, N.E.A. 1201 16th Street, N.W., Washington, D.C., 1964.

Myklebust, H. and D. Johnson. *Learning Disabilities: Educational Principles and Practices.* New York: Grune & Stratton, 1967.

Myklebust, H. *Progress in Learning Disabilities. Vol. I.* New York: Grune & Stratton, 1968.

Robinson, H. B. and N. M. Robinson. *The Mentally Retarded Child, A Psychological Approach.* New York: McGraw-Hill Book Co., 1965.

Rubin, E. Z., C. B. Simson and M. C. Betwee. *Emotionally Handicapped Children and the Elementary School.* Detroit, Michigan: Wayne State University Press, 1966.

Scholl, Geraldine T. *The Principal Works with the Visually Impaired.* Washington, D. C. Council for Exceptional Children, NEA, 1969.

Van Hattum, Ro
Schools: Organ
Illinois: Charle

Selected

American Annals o

American Journal

Children

Crippled Children

Exceptional Childr

International Journ

Journal of Educati

Journal of Learning

Journal of Educati

Journal of Rehabili

Journal of Speech a

Journal of Speech a

Mental Retardation

Rehabilitation Lite

Social Casework

A SELECTED BIBLIOGRAPHY ON SPECIAL EDUCATION FOR SCHOOL ADMINISTRATORS

Appendix C

...n. *The Disturbed* ...ersity Press, 1960.

... *in the Schools*. ...rentice Hall, Inc., ...

... *at Classes for the* ...on, D. C.: Council ...69.

... *Special Education* ...College, Columbia ...

...on (Eds.). *Educa-* ...*Youth*. Englewood ...958.

... *Cerebral Palsy: Its* ...*ns*. Syracuse, New ...55.

... *Cerebral Palsy and* ...e Blakiston Divi- ...

... *Children in the* ...t & Winston, Inc., ...

...*ng Children with* ...Appleton-Century- ...

...*portive Services in* ...*advantaged*. Job ...ation, New York ...Employment of ...

Youths, 145 East 32nd Street, New York City, 10016, 1969.

Haring, Norris G. and Richard L. Schiefelbusch (Ed.). *Methods in Special Education*. New York: McGraw-Hill Book Co., 1967.

Irwin, Ruth Becky. *Speech and Hearing Therapy; Clinical and Educational Principles*. Pittsburgh: Stanwix House, Inc., 1965.

Long, N. J., Wm. C. Morse and Ruth G. Newman. *Conflict in the Classroom*. Belmont, Cal.: Wadsworth Publishing Company, 1966.

Lord, F. E. and Robert M. Isenberg. *Cooperative Programs in Special Education*. Council for Exceptional Children, N.E.A. 1201 16th Street, N.W., Washington, D.C., 1964.

Myklebust, H. and D. Johnson. *Learning Disabilities: Educational Principles and Practices*. New York: Grune & Stratton, 1967.

Myklebust, H. *Progress in Learning Disabilities. Vol. I*. New York: Grune & Stratton, 1968.

Robinson, H. B. and N. M. Robinson. *The Mentally Retarded Child, A Psychological Approach*. New York: McGraw-Hill Book Co., 1965.

Rubin, E. Z., C. B. Simson and M. C. Betwee. *Emotionally Handicapped Children and the Elementary School*. Detroit, Michigan: Wayne State University Press, 1966.

Scholl, Geraldine T. *The Principal Works with the Visually Impaired*. Washington, D. C. Council for Exceptional Children, NEA, 1969.

Van Hattum, Roland J. et. al. *Clinical Speech in the Schools: Organization and Management*. Springfield, Illinois: Charles C. Thomas, Inc., 1969.

Selected Journals in Special Education and Related Fields

American Annals of the Deaf

American Journal of Orthopsychiatry

Children

Crippled Children

Exceptional Children

International Journal on the Education of the Blind

Journal of Educational Psychology

Journal of Learning Disabilities

Journal of Educational Research

Journal of Rehabilitation

Journal of Speech and Hearing Disorders

Journal of Speech and Hearing Research

Mental Retardation

Rehabilitation Literature

Social Casework

SUMMARY OF SPECIAL EDUCATION PROGRAMS

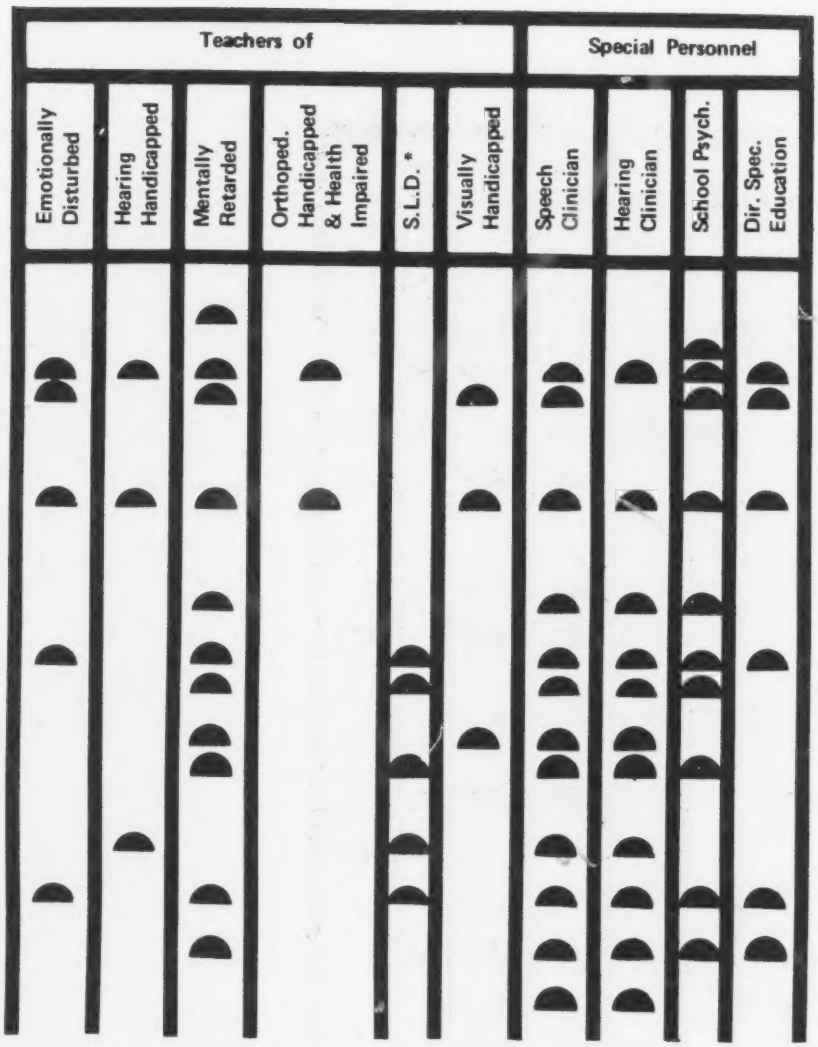
Handicapping Condition	Projected Incidence	General Description	Personnel Needed to Identify and Refer	Personnel to Certify Handicapping Condition	Educational Programs
Physical Handicapped and Chronic Health Impaired	1.5%	physical or health impaired and in need of special services to benefit from regular program	family, school nurse, counselor, physician, public health nurse	physician	residential, special class, in ual programs
Educable Mentally Retarded	2%	50-55-79 IQ and unable to benefit from regular program	teacher, school health nurse, school counselor, school psychologist, physician, public health nurse	school psychologist	special class with integrati regular classes
Trainable Mentally Retarded	0.33%	30-50-55 IQ and unable to benefit from educable program	family, physician, teacher, school psychologist, public health nurse	school psychologist	special class
Partially Sighted	0.2%	visual acuity of 20/70 or less in better eye after correction and can use vision as a learning modality with special materials	family, teacher, school nurse, eye specialist	eye specialist	resource room, itinerant tea teacher consultant
Blind	0.03%	cannot be educated through visual methods	family, teacher, school nurse, eye specialist, public health nurse	eye specialist	special class, resource r itinerant teacher, teacher co tant, residental
Deaf	0.1%	residual hearing insufficient to develop language and communication skills with special instruction	family, teacher, school nurse, physician, hearing clinician, public health nurse	hearing clinician	special class
Hearing Handicapped	2%	hearing loss sufficient to require special assistance to use regular educational program	family, teacher, school nurse, physician, hearing clinician	hearing clinician	special equipment, reso itinerant teacher, day class
Speech Handicapped	6%	disorder of communication present which draws attention to itself, interferes with speech formation or comprehension, or causes pupil maladjustment	family, teacher, school nurse, physician, school counselor, speech clinician	speech clinician	remediation through service gram
Emotionally Disturbed	3%	children whose behavior causes them to be unable to benefit from regular instructional procedures or whose behavior is disruptive to the learning of others	family, teacher, school nurse, school counselor, school psychologist, clinical psychologist, psychiatrist	clinical psychologist, psychiatrist	regular class with supportive of special personnel, reso room, special class
Specific Learning Disability	3%	average intelligence and above severe under achievers, and exhibit disorder in one or more process involved in understanding or using spoken or written language	family, teacher, physician, speech clinician, hearing clinician, school psychologist, director of special education	director of special education	resource room, itinerant tea special class

Appendix D

SUMMARY OF SPECIAL EDUCATION PROGRAMS

	Personnel Needed to Identify and Refer	Personnel to Certify Handicapping Condition	Educational Programs	Program Personnel
red and in to benefit	family, school nurse, counselor, physician, public health nurse	physician	residential, special class, individual programs	teacher prepared to teach physically handicapped or health impaired if placed in a special class
to benefit	teacher, school health nurse, school counselor, school psychologist, physician, public health nurse	school psychologist	special class with integration in regular classes	teacher prepared to teach the mentally retarded
to benefit	family, physician, teacher, school psychologist, public health nurse	school psychologist	special class	teacher prepared to teach the mentally retarded
or less in tion and learning terials	family, teacher, school nurse, eye specialist	eye specialist	resource room, itinerant teacher, teacher consultant	teacher prepared to teach the visually handicapped
ugh visual	family, teacher, school nurse, eye specialist, public health nurse	eye specialist	special class, resource room, itinerant teacher, teacher consultant, residental	teacher prepared to teach the visually handicapped
ent to de- communi- l instruc-	family, teacher, school nurse, physician, hearing clinician, public health nurse	hearing clinician	special class	hearing clinician, teacher prepared to teach auditorally impaired
o require e regular	family, teacher, school nurse, physician, hearing clinician	hearing clinician	special equipment, resource, itinerant teacher, day class	hearing clinician, teacher prepared to teach auditorally impaired
unication ention to speech nsion, or nt	family, teacher, school nurse, physician, school counselor, speech clinician	speech clinician	remediation through service program	speech clinician
r causes efit from ocedures uptive to	family, teacher, school nurse, school counselor, school psychologist, clinical psychologist, psychiatrist	clinical psychologist, psychiatrist	regular class with supportive help of special personnel, resource room, special class	teacher prepared to teach the emotionally disturbed, school social worker, counselors, psychologist
d above rs, and or more standing written	family, teacher, physician, speech clinician, hearing clinician, school psychologist, director of special education	director of special education	resource room, itinerant teacher, special class	elementary teacher with remedial and special education coursework

SELECTED TRAINING INSTITUTIONS THAT PREPARE SPECIAL EDUCATION PERSONNEL



IOWA
Drake University, Des Moines
Iowa State University, Ames
University of Iowa, Iowa City
University of Northern Iowa, Cedar Falls

COLORADO
Colorado State College, Greeley

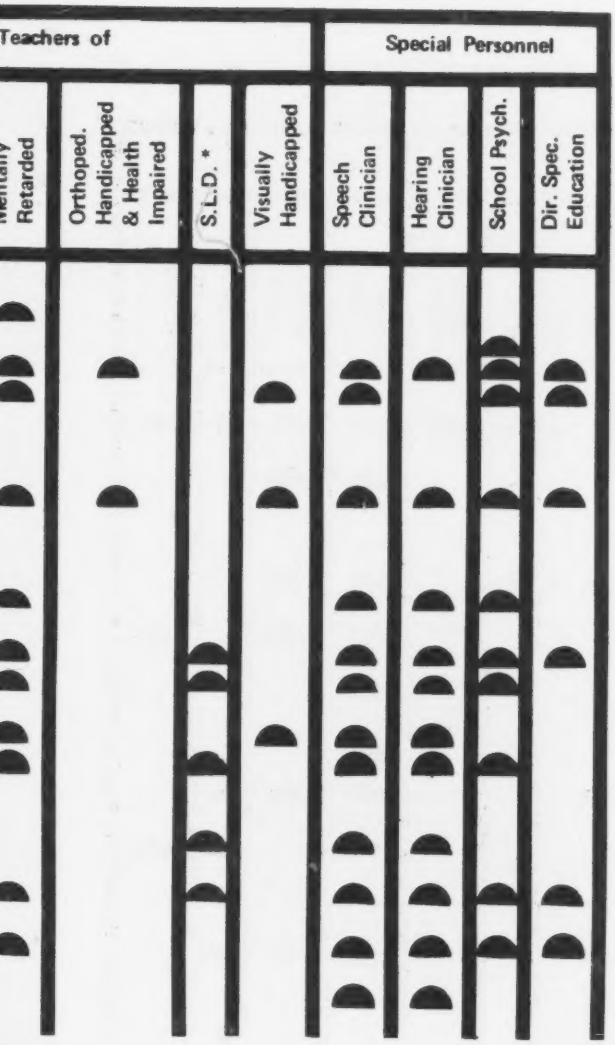
ILLINOIS
Southern Illinois U., Carbondale
Univ. of Illinois, Urbana
Northern Illinois Univ., DeKalb
Western Illinois U., Macomb
Illinois State Univ., Normal

KANSAS
U. of Kansas Med. Centr., Kansas City
University of Kansas, Lawrence
Kansas State Teachers College, Emporia
Kansas State University, Manhattan

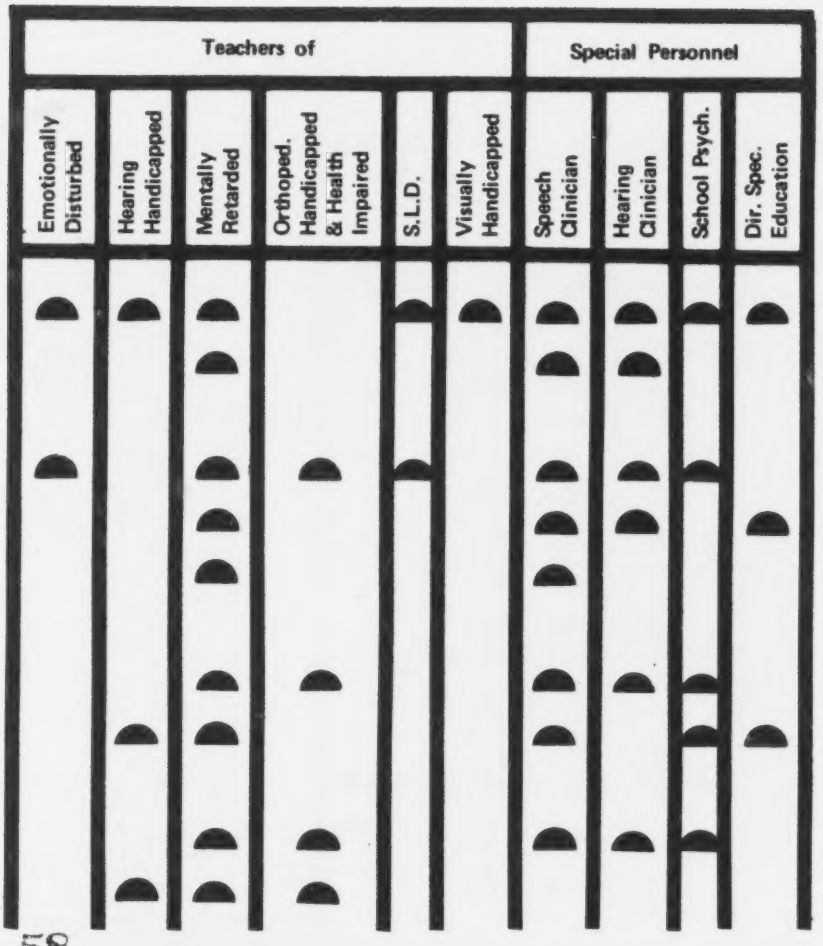
*Offer a major in specific learning dis

Appendix E

TED TRAINING INSTITUTIONS THAT PREPARE
SPECIAL EDUCATION PERSONNEL



*Offer a major in specific learning disabilities



MINNESOTA
University of Minnesota, Minneapolis
St. Cloud State College, St. Cloud

MISSOURI
University of Missouri, Columbia
Northeast Missouri State College, Kirksville
Northwest Missouri State College, Maryville

NEBRASKA
University of Nebraska, Lincoln
University of Nebraska, Omaha

SOUTH DAKOTA
University of South Dakota, Vermillion
Augustana College, Sioux Falls